Removal of inter-State barriers for movement of agricultural products

1415. SHRI T.T.V. DHINAKARAN: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) whether it is proposed to put an end to all inter-State barriers in movement of agricultural products; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF CONSUMER AFFAIRS, FOOD PUBLIC DISTRIBUTION (DR. AKHILESH PRASAD SINGH): (a) and (b) 'Removal of (Licensing requirements, Stock limits and Movement restrictions) on Specified Foodstuffs Order, 2002, has already been issued by Government under the Essential Commodities Act, *vide* notification dated 15.2.2002, with an amendment dated 16.6.2003, permitting any dealer to freely buy, stock, sell, transport, distribute, dispose, acquire, use or consume any quantity of wheat, paddy/rice, coarsegrains, sugar, edible oilseeds and edible oils, pulses, gur, wheat products and hydrogenated vegetable oil or Vanaspati without requiring any license or permit therefor.

Outbreak of Japanese encephalitis

1416. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the dreaded Japanese brain fever encephalitis has spread and taken heavy toll in various parts of the country;

(b) if so, the details thereof; and

(c) the steps taken to prevent the disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) JE is a viral and an epidemic prone disease with seasonal and cyclic fluctuations. As per reports received from State health authorities, during the year 2007, up to 16th August, 837 cases and 185 deaths due to Acute Encephalitis Syndrome (AES) have been reported from 9 States in the country. The State-wise cases and deaths due to suspected JE for the last three years are given in the Statement *{See* below).

(c) The steps taken by the Government of India for prevention and control of JE are as under:

- Early diagnosis and proper management of AES cases to reduce case fatality through strengthening of diagnostic and clinical management of JE cases, and curative services at PHCs/CHCs and District Hospitals.
- Training of PHC Medical Officer, Clinicians and nurses for early diagnosis and case management of JE.

- Developed trained Rapid Response Teams in JE endemic districts.
- National Guidelines on JE case Management have been developed and disseminated.
- Integrated vector control with emphasis on personal protection, segregation/mosquito proofing of pig-sties.
- Behaviour Change Communication for community participation to promote early case reporting, personal protection, isolation-of amplifier host etc.
- Strengthening of AES/JE surveillance based on acute encephalitis syndrome approach.
- Strengthening of sentinel laboratories for diagnosis of JE in endemic areas.
- Established a Sub Office of Regional Office of Health and Family Welfare, Lucknow at Gorakhpur, UP for intensive monitoring of situation and for providing technical assistance to State Government of Uttar Pradesh on prevention and control of JE.
- Established "Vector Borne Disease Control Surveillance Unit" at 3RD Medical College, Gorakhpur, UP with financial support from Government of India for strengthening epidemiological and entomological surveillance in Eastern UP.
- Drugs and disposables required for treatment of AES patients are being provided to BRD Medical College, Gorakhpur, UP.
- Approval has been conveyed to engage one Microbiologist and one Lab. Technician in the Department of Microbiology, BRD Medical College; Gorakhpur, UP on contractual basis for a period of one year out of Government Of India funds to strengthen the department.
- JE vaccination programme had been launched for children between 1 and 15 years of age as an integral component of Universal Immunization Programme (UIP) in 11 districts in 4 States in 2006. The programme has been extended to cover other 29 endemic districts in 9 States. Left out children and children between 1-2 years age are being covered under routine immunization programme.
- Central teams visited affected States (Uttar Pradesh and Assam) during 2007 for providing technical guidance.
- Regular monitoring of AES cases is done by the Directorate of National Vector Borne Disease Control Programme (NVBDCP). The situation is reviewed periodically.

Statement

State-wise cases and deaths due to suspected Japanese encephalitis during the last three years

Sl.Np.	Affected	2004		2005		2006		2007 (upto 16.8.	2007)
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Andhra Pradesh	7	3	34	0	11	0	1	0
2	Assam	235	64	145	52	392	119	368	115
3	Bihar	85	28	192	64	21	3	0	0
4	Chandigarh	0	0	0	0	0	0	0	0
5	Delhi	17	0	6	0	1	0	0	0
6	Goa	0	0	4	0	0	0	44	0
7	Haryana	37	27	46	39	2	1	6	3
8	Karnataka	181	6	122	10	73	3	6	0
9	Kerala	9	1	1	0	3	3	1	0
10	Maharashtra	22	0	51	0	1	0	0	0
11	Manipur	0	0	1	0	0	0	11	2
12	Punjab	0	0	1	0	0	0	0	0
13	Tamil Nadu	88	9	51	11	18	1	17	0
14	Uttar Pradesh	1030	228	6061	1500	2320#	528#	383*	65*
15	West Bengal	3	1	12	6	0	0	0	0
	TOTAL:	1714	367	6727	1682	2842	658	837	185

A Including 44S cases and 109 deaths from Bihar and 31 cases and 4 deaths from Nepal and 1 case and Nil death from Madhya Pradesh reported from BRD Medical College, Gorakhpur

\# Including 237 cases and 51 deaths from Bihar and 10 cases 1 death from Nepal reported from BRD Medical College, Gorakhpur

* Including 40 cases & 6 deaths from Bihar and I case from Nepal reported from BRD Medical College, Gorakhpur.